

RECEIVED AND FILED
WITH THE
N.J. BOARD OF DENTISTRY
ON 3-1-93 cm

By: Kathy Rohr
Deputy Attorney General
Division of Law, 5th Floor
124 Halsey Street
Newark, New Jersey 07102
Tel: (201) 648-4735

In the Matter of:)
Administrative Action
RICHARD MAHEVICH, D.M.D.)
CONSENT ORDER
Licensed to Practive Dentistry)
in the State of New Jersey

It appearing that the respondent desires to resolve this


matter without recourse to formal proceedings and for good cause shown;

IT IS ON THIS 19 DAY OF FEBRUARY, 1993,
HEREBY ORDERED AND AGREED THAT:

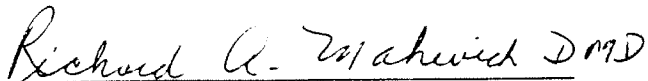
1. Respondent shall make restitution to the patient for fees charged in connection with the root canal therapy, post and crown on tooth #19 by submitting a certified check or money order payable to Glenn DeSantis in the amount of One Thousand One Hundred Twenty-five (\$1,125.00 Dollars to the State Board of Dentistry at 124 Halsey Street, Sixth Floor, Newark, New Jersey 07102, no later than the first day of the month following the entry date of this Order.

2. The respondent shall successfully complete fourteen (14) hours of continuing education in basic root canal therapy, seven (7) hours of continuing education in basic crown and bridge dentistry, and seven (7) hours of continuing education in post and core procedures for a total of twenty-eight (28) hours of continuing education. These courses shall be approved by the Board in writing prior to attendance utilizing the attached Pre-Approval Sheet, and the courses must be completed within six (6) months of the entry date of this Order. Respondent also shall be required to complete the attached Continuing Education Report and Proof of Attendance as proof of successful completion of the

required course work. The attached forms are made a part of the within Order, and a separate form is to be used for each course.


JEROME HOROWITZ, D.D.S.
PRESIDENT
STATE BOARD OF DENTISTRY

I have read and understand
the within Order and agree
to be bound by its terms.
Consent is hereby given to
the Board to enter this Order.


RICHARD MAHEVICH, D.M.D.



State of New Jersey

ROBERT J. DEL TUFO
ATTORNEY GENERAL

DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BOARD OF DENTISTRY

EMMA N. BYRNE
DIRECTOR

LOCATION

124 HALSEY STREET 6TH FLOOR
NEWARK NJ 07102
201) 648 7087

CONTINUING EDUCATION REPORTS AND PROOF OF ATTENDANCE

MAILING ADDRESS

P.O. BOX 45005
NEWARK, NJ 07101

All reports should be typewritten. If more than one course is required, this report form may be duplicated. Please complete all sections in the spaces provided. A separate form is to be used for each course.

1. Name of Dentist and License Number
2. Title of Course, Instructor and Location Date of Course
3. Was prior approval for the course obtained: Yes _____ No _____
** If the answer is NO, please explain the reason:
4. Name, address and phone number of the sponsoring organization and the name of the representative in charge of attendance.
5. Hours of course attendance
6. Attach a copy of all course/lecture handouts. Number of pages attached _____
7. Attach a copy of proof of payment for the course and any other proof of attendance. (e.g. cancelled check, copy of certificate, letter from sponsor)
8. Describe with some specificity one new diagnosis or treatment or product or material about which you learned at the course. (Use the back of this sheet.)

PROOF OF ATTENDANCE:

The undersigned hereby verifies that the above named dentist attended and successfully completed the course listed above.

Signature

Date

Title



State of New Jersey

ROBERT J. DEL TUFO
ATTORNEY GENERAL

LOCATION

124 HALSEY STREET 6TH FLOOR
NEWARK, NJ 07102
201/648-7087

DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BOARD OF DENTISTRY
CONTINUING EDUCATION COURSE
PRE-APPROVAL SHEET

EMMA N. BYRNE
DIRECTOR

MAILING ADDRESS

P.O. BOX 45005
NEWARK, NJ 07101

***** ATTACH COURSE DESCRIPTION AND/OR BROCHURE AND SUBMIT AT
LEAST 30 DAYS PRIOR TO COURSE DATE. THE BOARD CANNOT
ASSURE APPROVAL FOR COURSES PROVIDED ON SHORT NOTICE.
A SEPARATE FORM IS TO BE USED FOR EACH COURSE. A COPY
WILL BE RETURNED TO YOU AFTER APPROVAL OR DENIAL BY THE
BOARD. *****

DENTIST NAME _____

ADDRESS _____

TELEPHONE # _____

NAME OF COURSE _____

SPONSOR _____

ADDRESS _____

TELEPHONE # _____

COURSE PRE-APPROVED BY BOARD DATE _____

COURSE NOT ACCEPTED BY BOARD DATE _____

DATE

AGNES M. CLARKE
EXECUTIVE DIRECTOR